

Table 2: Case Management Program/Service Query Criteria

Program	Procedure Revenue Code Paid	Proc Code Modifier Adjudicated	Provider Type/ Specialty Queried	Provider Type/ Specialty Returned	CAP Indicator Code	Recipient Age
<i>CAP/C CM (per 15 min)</i>	T1016		082/094 082/104	082/094	HC,SC,IC	
<i>CAP/C CM (per month)</i>	T2022		082/094	082/094	HC,SC,IC	
<i>CAP/DA Case Mgmt</i>	T1016		082/094	082/094	CS,CI	
<i>CAP/Choice Care Adv</i>	T2041		082/094	082/094	SD,ID	
<i>CAP/MRDD Waiver TCM</i>	T1017	HI	074/113	074/113	CM,C2	
<i>DD Targeted CM</i>	T1017	HI	074/113 112/116 112/126	074/113	Not CM, C2	
<i>At Risk Case Mgmt</i>	T1017		099/060	099/060		
<i>HIV Case Mgmt</i>	T1017		040/060	040/060		
<i>Child Svcs Coord</i>	T1016		020/, 022/, 055/ 111/060	022/010 055/060 111/060		0 to 5
<i>Maternal Care Coord</i>	T1017		020/, 022/, 055/ 111/060	022/002, /010, /016 055/060 111/060		
<i>MaternalOutreachWrkr</i>	S9445		020/, 022/, 055/	055/060		
<i>Early Intervention</i>	T1017	HI	038/115 055/060 066/060	038/115 055/060		0 to 3
<i>Health Check Coord</i>	W8017		001/, 022/, 054/ 055/, 066/, 093/ 102/100	022/010, /037, /075 055/060 102/100		
<i>SubAbuseIntervOutpat</i>	H0015			112/116		
<i>Assertive Comm Tx Tm</i>	H0040			112/116		
<i>Comm Support Team</i>	H2015	HT		112/116		
<i>Intensive InHome Svcs</i>	H2022			112/116		
<i>Multi-Systemic Therapy</i>	H2033			112/116		
<i>SA CompOutpat Tx</i>	H2035			112/116		
<i>CommSupp-Child</i>	H0036	HA		112/116		
<i>CommSupp-Adult</i>	H0036	HB		112/116		
<i>CommSupp-Gp</i>	H0036	HQ		112/116		

Note: The CAP/C CM (per 15 min) criteria for Provider Type/Spec = 082/104 was added for the July updated version.